

A COPY OF FACILITY OWNER'S **STATE OF TEXAS SALES TAX PERMIT** AND ARTICLE OF INCORPORATION (FOR CORPORATION OPERATED ESTABLISHMENT) IS REQUIRED WITH APPLICATION



CITY OF DALLAS

**DEPARTMENT OF ENVIRONMENTAL AND HEALTH SERVICES
FOOD PROTECTION AND EDUCATION
FOOD ESTABLISHMENT PERMIT APPLICATION**
(To Be Retained in Department Inspection Files)

PLEASE PRINT – ALL SPACES MUST BE COMPLETED

| | | |
|---|---|--|
| <p align="center">FEES</p> <p>Pre Inspection.....\$100 Food Establishment Permit Application.....\$300 Plan Review.....\$200</p> | <p>THE PRE-INSPECTION FEE CANNOT BE APPLIED A FOOD ESTABLISHMENT PERMIT FEE. THE PLAN REVIEW FEE IS IN ADDITION TO FOOD ESTABLISHMENT PERMIT FEES. ALL FEES ARE NON-REFUNDABLE</p> | <p align="center">FOR OFFICE USE ONLY</p> <p>card code _____ zip code _____ dist# _____ stat comm. _____ type _____ mapsco _____ fee code _____</p> |
|---|---|--|

Date of Application _____

Name of Food Business _____

Address of Food Business _____ Suite# _____

Mailing Address _____ Suite# _____ Zip Code _____

Owner of Food Business _____ Business Phone _____

* Sole Owner * Partnership List all partners _____

* Corporation List Registered Agent and all principal owners _____

(Use additional space at bottom of page)

Name of Registered Food Service Manager _____ Certificate# _____

Contact Person for Inspection _____ Local Phone# _____

Type of Operation: Permit Requested For:
Wholesale Change of Ownership (existing facility) New Suite Finish Out
Retail Remodel - Same Owner (existing facility) Pre-inspection/Survey

Type of Food Establishment
Restaurant Bar/Tavern Grocery Bakery Fast Food/Deli Warehouse

Other (specify) _____

Total Square Feet _____ Days/Hours of Operation: _____

Is this facility connected to City water? Yes No City sewer? Yes No Septic tank? Yes No

Job Contractor Business Name _____ Phone _____

Job Contractor Business Address _____

Approximate cost of complete job _____ Start Date _____ Finish Date _____

Was this a food or beverage establishment previously? Yes No

If Yes, is it open now? Yes No Date you expect to open to public _____

If Yes, name of prior food business _____

Previous owner's name _____

- Principals of Corporation
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

* Owner or Authorized Signature (Required) Title

TX Driver's License # Date of Birth